## NEWS NOTES

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ARMY MEDICAL

DR. WETMORE, SMITHSONIAN SECRETARY JAN'2'2 1947 PRAISES ARMY MEDICAL DEPARTMENT EXHIBIT

Medical Department Exhibit at the Smithsonian Institution is the outstanding one in this field that has been shown in recent years, according to a recent statement by Dr. Alexander Wetmore, Secretary of the Smithsonian Institution.

"This exhibit", Dr. Wetmore said, "gives the public a graphic idea of modern methods in military medicine in World War II".

For the first time the public has been invited to see this exhibit which is in the North Foyer of the National Museum of Natural History of the Smithsonian Institution at 10th and Constitution Avenue, N.W. between the hours of 9 a.m. and 4:30 p.m. daily including Saturdays and Sundays. It will continue until January 27.

Major General Norman T. Kirk, The Surgeon General, said that this showing, covering virtually the entire field of medicine, is the finest ever presented to the public on military medicine.

It depicts the work of the 14 chief divisions of the Army Medical Department. The triumphs of modern medicine are colorfully illustrated with scenes revealing how the American Army was able to establish new records in health and the lowest death rates in any war in history,

Motion pictures which previously have been restricted to medical groups will be shown to the public. The premier of this exhibit was at the American Medical Association's annual convention last June in San Francisco. It has also been displayed before medical groups in Philadelphia, Cleveland, Detroit and Miami.

### ARMY APPEALS FOR MORE NURSES

Appointment of 300 nurses who have not had prior military service in the Army of the United States in the grade of Second Lieutenant has been authorized by the War Department. Because of the acute shortage of nurses authorization for additional nurses will be made as soon as 80 per cent of the quota is filled. The appointment will be for the duration and six months thereafter, or for a period of 18 or 24 months. There is no provision for appointments in the Regular Army Nurse Corps until legislation is enacted to establish the Corps for peace time operations; however, nurses accepting temporary appointment in the Army of the United States will be considered for transfer to the Regular Army provided they qualify. Graduate registered nurses under 34 years of age, single, or widowed without dependents under 14 years of age and in good physical condition who are interested in Army Nursing should apply to The Surgeon General's Office, Pentagon, Washington 25, D. C., for application blanks. Under the recall program World War II nurses who volunteer and meet the requirements will be recalled in the grade in which they served just prior to reporting to a Separation Center. Nurses without prior military service will be appointed in the Army of the United States in the grade of Second Lieutenant. Nurses required by the Army at this time will serve as replacements at home and in all foreign stations for those who will become eligible during the next two months for separation from the service. The base pay of a Second Lieutenant is \$180.00 per month plus 70 cents a day for subsistence. An initial uniform allowance of \$250 is authorized upon appointment. Quarters are provided without deduction from salary. If quarters are not provided a rental allowance of \$45 is given to Second Lieutenants. Further information concerning Army service will be submitted upon request to the Surgeon General's Office.

### PHYSICAL EDUCATION CONSULTANTS APPOINTED

The appointment of three outstanding leaders in physical education as consultants in Physical Reconditioning to the Physical Medicine Consultants Division, Office of The Surgeon General, has been announced. These appointees are Dr Charles H. McCloy, Research Professor of Physical Education, University of Iowa, Iowa City, Iowa; Dr. Arthur A. Esslinger, Director of Physical Education, Springfield College, Springfield, Massachusetts; Dr. George T. Stafford of the School of Physical Education, University of Illinois, Urbana, Illinois. Recently Physical Medicine Services have been established in the larger Army hospitals. Physical Reconditioning, Physical Therapy and Occupational Therapy are combined in this service. The service will be headed by a specially trained medical officer assisted by qualified staffs. All of the newly appointed consultants were active in establishing and developing the Reconditioning program in military hospitals during the War. Dr. Esslinger served as a Major in the Medical Administrative Corps during the War, and Doctors McCloy and Stafford were civilian consultants. All have maintained a lively interest in the program as it has developed since the war. The consultants will act as advisors to The Surgeon General on problems related to this hospital program. They will visit hospitals, evaluate programs and advise hospital commanders on its improvement. They will also serve as liaison between the Physical Reconditioning program and the physical education profession.

### VENEREAL EONTROL COUNCIL ESTABLISHED

The War Department announced recently the establishment of a Venereal Disease Control Council for the purpose of insuring that all possible control measures are employed and to reduce the rate of venereal disease in the Army.

The Council will meet each month to consider venereal disease problems as they affect service personnel, develop standard educational and control measures, and review control procedures adopted in the field. In addition, it is authorized to take immediate corrective action when reports indicate the existence of unsatisfactory conditions that are beyond the control of the local or Army commander and to establish policy for reduction and control of venereal disease based on appropriate research studies, surveys and field experience. It will also coordinate and assist the Joint Army and Navy Disciplinary Control Board on disciplinary problems related to venereal disease control.

Major General Willard S. Paul, Director of Personnel and Administration, has been designated as chairman of the Council. Other members already appointed are Major General Norman T. Kirk, The Surgeon General; Major General Floyd L. Parks, Chief, Public Relations Division; Chaplain (Major General) Luther D. Miller, Chief of Chaplains; Brigadier General Russel B. Reynolds, Chief, Special Services Division; Brigadier General Blackshear M. Bryan, The Provost Marshal General; and the Recorder, Lieutenant Colonel John J. Easton, Personnel and Administration Division.

Representatives of the Secretary of War, Army Ground Forces and Army Air Forces will be named to the Council early in January.

In another way the Army was continuing its drive against venereal disease as the first post-war classes in venereology at a civilian institution opened in December 1946 at the University of Pennsylvania, Philadelphia, with sixteen selected Army Medical Department officers enrolled.

Major General Norman T. Kirk, The Surgeon General, said that the officers will study for two months in the Institute For The Study of Venereal Disease at the University before returning to their stations in Army General Hospitals and Air Forces. Another class is scheduled to open in January at the University of Southern California, Los Angeles,

General Kirk explained that such courses had become necessary so that medical officers versed in venereology could replace those venereal disease specialists being separated from the Service. Rapidly changing treatment policies also require that a trained venereologist administer the Army's program of preatment for venereal disease.

"This abbreviated course will not give us specialists in venereal disease management," General Kirk declared, "But it will be a step in the right direction. We must have Regular Army and Category I medical officers

## VENEREAL CONTROL COUNCIL ESTABLISHED (Continued)

to replace those specialists in venereology who are being separated from the Service and to assure uninterrupted work in venereal disease control. Expert civilian consultants in this field are also available to the Army."

Dr. John H. Stokes, Director of the Institute For The Study of Venereal Disease and Professor of Dermatology-Syphilology in the Graduate School of Medicine, University of Pennsylvania, will conduct the two-month course. Dr. Stokes is a medical consultant to the Secretary of War through The Surgeon General.

## GENERAL KIRK PAYS TRIBUTE TO MILITARY CAREER OF GENERAL GORGAS

Major General Norman T. Kirk, Surgeon General of the Army, praised the military career of General William Crawford Gorgas, Surgeon General of the Army during World War I, in a recent talk at the dinner given by the Pan American Society in honor of General Gorgas.

Famous for his sanitary work in connection with yellow fever in Cuba and the Panama Canal, General Gorgas acted as advisor to the International Health Board and in 1916 under its auspices toured South and Central America with a view to continuing the fight on yellow fever in these sections,

"As the man whose sanitary skill made possible the construction of the Panama Canal, Gorgas' name will always be linked with that gigantic work. His achievement at Havana which first brought him to fame, as well as his appointment to the office Surgeon General of the Army, are overshadowed by his great work as a sanitarian," General Kirk said.

# WAR DEPARTMENT PSYCHIATRIC CONSULTANTS MEET JANUARY 20 - 21 AT SURGEON GENERAL'S OFFICE

Leading psychiatrists of the nation who are consultants to the Secretary of War will gather in Washington January 20 and 21 to discuss future War Department neuropsychiatric policies, Major General Norman T. Kirk, The Surgeon General, recently announced.

"Panel discussions will be held in the Office of The Surgeon General", General Kirk said, "for a review of current neuropsychiatric practices and techniques and for a consideration of long range plans."

All doctors attending the two day conference were assigned to active duty as members of the Army Medical Department during the war.

Colonel J. M. Caldwell, Chief of the Neuropsychiatric Consultants Division of The Surgeon General's Office, will take part in the discussions. WAR DEPARTMENT PSYCHIATRIC SONSULTANTS MEET JAN. 20-21 AT SGO (Cont'd)

The following will attend this conference:

Dr. William C. Menninger, formerly chief of the Neuropsychiatry Consultants Division during the war with the rank of Brigadier General is chairman of the Secretary of War's consultants and will preside at the meeting.

ORGANIZATION. Dr. Malcolm J. Farrell, Chairman, Walter E. Fernald, State School, Box C, Waverley, Mass.; Dr. S. Alan Challman, 78 S. 9th St., Minneapolis, Minn.; Dr. Edward G. Billings, 1820 Gilpin St., Denver 6, Colo.; Dr. Perry C. Talkington, Timberlawn Sanitarium, Dallas, Texas; Dr. Lloyd J. Thompson, Bowman Gray School of Medicine, Winston-Salem, N.C.; Dr. William J. Bleckwenn, 1300 University Ave., Madison, Wisc.

PREVENTION. Dr. Manfred S. Guttmacher, Chairman, 1039 N. Calvert, Baltimore 2, Md.; Dr. Franklin G. Ebaugh, 4200 E. 9th Avenue, Denver, Colo.; Dr. Alfred O. Ludwig, 101 Bay State Road, Boston, Mass.; Dr. Oscar B. Markey, 2010 E. 102d St., Cleveland, Ohio; Dr. Paul L. Schroeder, 907 S. Wolcott Ave., Chicago 12, Ill.; Dr. Joseph S. Skobba, 25 Sheridan Ave., NE, Atlanta 5, Ga.; Dr. John W. Appel, 111 N. 49th St., Philadelphia 39, Penna.

BERSONNEL POLICY. Dr. Frederick Hanson, Chairman, Allan Memorial Institute, 1925 Pine Ave. West, Montreal 2, P.Q.; Dr. Clarke H. Barnacle, 316 Majestic Bldg., Denver, Colo.; Dr. William H. Dunn, New York Hospital, New York 21, N. Y.; Dr. John M. Flumerfelt, University Hospitals, Cleveland, Ohio; Dr. Lauren H. Smith, 111 N. 49th St., Philadelphia, Penna.; Dr. Ivan C. Berlien, 3128 Guardian Bldg., Detroit 26, Mich.

SELECTION AND DISCHARGE. Dr. Wilfred Bloomberg, Chairman, Cushing Veterans Administration Hosp., Framingham, Mass.; Dr. Norman Q. Brill, 1712 Rhode Island NW, Washington 6, D. C.; Dr. Roscoe W. Cavell, 10 Peterboro St., Detroit 1, Mich.; Dr. M. Ralph Kaufman, Mt. Sinai Hospital, New York 29, N. Y.; Dr. John M. Murray, 82 Marlboro St., Boston, Mass.; Dr. Donald F. Hastings, University of Minnesota, Minneapolis, Minn.

POTENTIAL EMERGENCIES: Dr. Calvin S. Drayer, Chairman, 111 N. 49th St., Philadelphia 39, Penna.; Dr. Henry W. Brosin, 950 E. 59th St., Chicago 37, Ill.; Dr. William H. Everts, 115 E. 61st St., New York, N. Y.; Dr. John H. Greist, Hune-Mansur Bldg., Indianapolis, Ind.; Dr. Douglas A. Thom, 15 Autumn St., Boston, Mass.

# GENERAL KIRK RECEIVES HONORARY FELLOWSHIP IN AMERICAN COLLEGE OF SURGEONS

An honorary fellowship in the American College of Surgeons was conferred upon Major General Norman T. Kirk, Surgeon General of the Army, at the recent meeting of that organization in Cleveland, Ohio. At this time fellowships were also conferred upon some five hundred surgeons of the United States, Canada and other nations. In addition to participating in the convention General Kirk was called upon for radio talks on the benefits the civilian population will derive from military medicine.

### TWENTY-FIVE DENTAL INTERNSHIPS AVAILABLE ARMY GENERAL HOSPITALS

Twenty-five dental internships will be made available at Army general hospitals beginning July 1, 1947. Applications must be filed with the Dental Division, Office of The Surgeon General of the Army, Washington, D. C., on or before February 1, 1947 and it is anticipated that appointments will be announced in March. Selections will be made upon the basis of scholastic attainment, physical fitness, and aptitude for military Service. Prominent civilian consultants will be used as instructors at each hospital which will provide for an elaborate course of training.

Internships will be of the approved rotating type and include training in oral diagnosis, roentgenology, prosthetics, oral surgery, periodontia, and operative dentistry.

Men who are recommended for the Regular Army at the end of their internships will enjoy important advantages in obtaining permanent commissions. They will receive credit for one year of service for pay and promotion purposes, and the year of internship will be accepted as the year of experience which is one of the requirements for a permanent commission.

### SURGEON GENERAL DESIGNATES NEW COMMANDANT ARMY MEDICAL LIBRARY

Golonel Joseph H. McNinch, M. C. has been designated Commandant of the Army Medical Library by The Surgeon General, succeeding Colonel Leon L. Gardner. Colonel McNinch received his AB and MD degrees from Ohio State University and went directly in Regular Army service in 1931 after serving his internship in the Station Hospital at Fort Sam Houston, Texas. His assignments have included tours of duty at the Army Medical School, the Army Medical Museum and the Medical Statistics Division of the Office of The Surgeon General. During the war he served on the staff of Major General Paul Hawley, Chief Surgeon of the European Theatre of Operations. Upon his return he assumed the position of Chief of the Historical Division, SGO, where he is compiling the History of the Medical Department of World War II. Since 1936 Colonel McNinch has made his home in Washington, D. C.

# COLONEL RAYMOND O. DART NAMED DIRECTOR OF THE ARMY INSTITUTE OF PATHOLOGY

Major General Norman T. Kirk, The Surgeon General, recently announced that Colonel Raymond O. Dart, M. C., has succeeded Colonel James E. Ash, M.C., as Director of the Army Institute of Pathology, 7th Street and Independence Avenue, S.W., Washington, D. C.

Colonel Dart, whose home is at 1511 North Jackson Street, Arlington, Virginia, has practiced pathology for more than 25 years, approximately 8 years of which were at the Army Medical Museum and Army Institute of Pathology prior to the War. A part of that time he has served as Curator;

For the past nine years, Colonel Ash has served as Director of the Army Institute of Pathology. Once before, from 1929 to 1931, he was assigned to the Institute. He is now the Scientific Director of the American Registry of Pathology, a major department of the Institute and sponsored by the Division of Medical Sciences of the National Research Council. He resides at 8403 Dixon Avenue, Silver Spring, Maryland.

Other major departments of the Army Institute of Pathology are the Department of Pathology, the Army Medical Illustration Service, and the Army Medical Museum.

#### SOLONEL ARDEN FREER RETIRES FROM ARMY

Colonel Arden Freer, Chief of Medical Consultants Division of The Surgeon General's Office, will retire from the Medical Corps of the U.S. Army after 32 years active duty, Major General Norman T. Kirk, The Surgeon General, announced recently.

Colonel Freer, who will join the Veterans Administration as a member of General Hawley's staff in Washington upon his retirement, was recently awarded the Distinguished Service Medal for his "exceptionally meritorious service" in the Army.

"As an outstanding specialist in the field of internal medicine," the citation read, "and utilizing his long experience, he displayed exceptional leadership and a broad professional knowledge which were of immense value in creating physical standards for officer and enlisted personnel, and other criteria pertaining to the processing of inductees into the military service.

"He further demonstrated great resourcefulness and sound judgment in the research and selection of a vast number of medical items procured by the Supply Service for administering medical care to the sick and wounded.

"His able and distinguished services," the citation concluded, "extended into a wide range of activities and have been of great value to The Surgeon General and to the Medical Department of the Army,"

# COLONEL ARDEN FREER RETIRES FROM ARMY (Continued)

Born in Neversink, New York, Colonel Freer received his M.D. from New York University College of Medicine in 1913. His internship was at Bellevue Hospital. In 1915 he was commissioned a First Lieutenant in the Medical Corps, U. S. Army. In World War I he served with the 1st Division. His tours of duty after the war included Army General Hospitals in the United States, Panama and Hawaii. From 1939 to 1942 he was Chief of Medical Service, Walter Reed General Hospital and Director of Department of Internal Medicine, Army Medical Center in Washington. Assuming administrative duties at The Surgeon General's Office in 1942, he became Chief of Professional Administrative Service and later Chief of Medical Consultants Division.

Colonel Freer is Fellow of the American Medical Association, member Association of Military Surgeons U.S., Fellow American College of Physicians, Fellow American College of Chest Physicians and Diplomate American Board of Internal Medicine.

Colonel and Mrs. Freer, who live at 1211 Fern Street, N.W., Washington, have two sons, Major Arden Sheetz Freer, A.C., A.U.S., and Lt. Charles H. Freer, A.C., U.S. Navy.

# COLONEL H. C. DOOLING NAMED CHIEF MEDICAL CONSULTANT IN ARMY SURGEON GENERAL'S OFFICE

Colonel Henry C. Dooling, M.C., former Chief Health Officer, The Panama Canal, is today Chief of the Medical Consultants Division of The Office of The Surgeon General.

He succeeds Colonel Arden Freer who retired last week after 32 years of service in the Medical Corps to accept a position in Veterans Administration on the staff of General Paul V. Hawley, Chief Medical Director.

Colonel Dooling was Chief Health Officer, The Panama Canal, and Chief Surgeon, Caribbean Defense Command, when he was relieved of duty there to accept his present assignment. He served in Panama a total of 11 years from 1931 to 1936 and again from 1940 until last month. In 1944 and 1945 he was Chairman of the Canal Zone Chapter of the American Red Cross.

A native of Clayton, New Jersey, Colonel Dooling received his Doctor of Medicine degree at Medico-Chirurgical College in Pennsylvania. He entered the Army Medical Corps during World War I and is a graduate of Army Medical College, Army Medical Center, Washington, D. C. An outstanding administrator, he was Chief Medical Service Officer, Beaumont General Hospital, El Paso, Texas, from 1931-1936, and Chief of Medical Services at Fort Riley station hospital, Kansas, from 1936-1940.

Mrs. Dooling accompanied the Colonel to Washington. They will reside at 5911 -16th Street, N.W. He is holder of the Legion of Merit and attained the rank of Brigadier General during the war but was reduced when the War Department reduced wartime grades of officers.

### COURSES IN PSYCHIATRIC NURSING

Quotas are now available for members of the Army Nurse Corps for a course of instruction in psychiatric nursing at Brooke Army Medical Center, Fort Sam Houston, Texas, beginning in February 1947. The course will be of twenty weeks duration and nurses selected to pursue this course of instruction will report to Brooke Army Medical Center on February 14, 1947. Candidates will be carefully interviewed and screened by their chief nurse to insure that each individual selected for the Course is a member of the Army Nurse Corps in the Regular Army or Category I, and that the student has an interest in psychiatric nursing and expresses a desire to attend the course.

# COLONEL COLE APPOINTED TO BOARD OF GOVERNORS AMERICAN COLLEGE OF SURGEONS

Colonel Frank L. Cole, M.C., USA, Chief of the Surgical Consultants Division, Office of The Surgeon General, was elected a member of the Board of Governors of the American College of Surgeons at the recent meeting of that organization in Cleveland, Ohio.

## VETERANS ADMINISTRATION ADOPTS ARTIFICIAL EYE DEVELOPED BY ARMY

The Army's plastic artificial eye has been used by more than 7,500 former soldiers during the past three years and has been adopted by Veterans Administration in furnishing ocular prostheses to patients, the War Department announced recently.

Developed first in 1943 by a former major in the Army Dental Corps while stationed in England, this type of acrylic eye has practically replaced glass eyes which were used almost exclusively before World War II. The Army Medical Department developed this eye after the war broke out, when both civilian and military supplies of artificial eyes were depleted due to high breakage and inability to replenish supplies. Glass eyes then used in the United States were largely German-made.

As early as 1943, the Army made plans to discard the easily breakable, inferior, custom-made glass eye when Major, (then Lieutenant) Stanley F. Erpf of San Francisco, California, assigned to the job by Col. Derrick T. Vail, Consultant in Ophthalmology in ETO, successfully demonstrated the artificial eye made of water-clear plastic and individually fitted and colored. In January 1944 the first training center for ophthalmoprosthetists was organized at the 30th General Hospital, England. Forty American dental officers and 10 British dental officers attended.

Dr. Robert E. Stewart, Chief of the Ophthalmoprosthetic and Restoration Division of The Prosthetic Appliances Service of Veterans Administration, said today that all 15 technicians making artificial plastic eyes for VA are Army-trained. They were dental officers and technicians especially trained in this work during the war.

## VA ADOPTS ARTIFICIAL EYE DEVELOPED BY ARMY (Continued)

"The Army-developed artificial eye has proven superior to any other type of ocular prosthesis available today," Dr. Stewart declared. "Of about 500 World War II veterans who have applied to Veterans Administration for ocular prosthesis aid, none had any serious complaint about the acrylic eye. They wanted lost eyes replaced, socket corrections or needed re-fitting because of other operations."

Dr. Stewart said the Army-developed eyes were never broken when dropped nor has the coloring in the eyes deteriorated. He explained that some eyes had become roughened due to hard usage, but this is easily remedied.

Veterans Administration scientists have changed the Army's painting technique slightly in making the eyes, but that is the only difference in government-issue and V A artificial eyes. Some scientific circles were of the opinion that the nylon threads used in veining the eyes would deteriorate and lose their original color. Dr. Stewart reported that no such deterioration has been noted by V A specialists.

Another principal feature of the durability of Army-founded artificial eyes is that there is no evidence of etching or corrosion even in eyes worn by patients over a three-year period.

Credit for the development of the Army's acrylic eye is accorded by Major General Norman T. Kirk, The Surgeon General, to Major Erpf, who initially introduced the eye which has undergone few modifications. He returned to the United States from England in June of 1944 to collaborate with Major Milton S. Wirtz, Latimer, Iowa, and Major Victor H. Dietz, Chicago, Illinois, ocular prosthetic specialists in perfecting the acrylic eye, at Valley Forge General Hospital, Phoenixville, Pennsylvania. A school was started here to train technicians who were then sent to other general hospitals.

By that time, 13 general hospitals in the European Theater of Operations possessed personnel and facilities for the fabrication of acrylic eyes. In October, 1944, 12 general hospitals in the United States were similarly equipped. The Army continued to enlarge upon its artificial eye program until in October, 1945, 30 Medical Department installations have inserted more than 7,500 plastic artificial eyes. When V-J Day came there were acrylic eye teams in Hawaii and the Philippines.

General Kirk said that Army patients equipped with this prosthesis were issued new eyes whenever medically necessary. No requests were received for replacement of the eye because of structural or material weakness. Veterans Administration reports the same findings among veterans wearing this acrylic eye.

# ARMY NOW HAS FOUR DEEP X-RAY CENTERS WHERE RESEARCH AND TREATMENT OF CANCER CONTINUE.

Although cancer was not a major problem at any time during World War II, the Army Medical Department still operates four Deep X-Ray centers where patients are treated, Major General Norman T. Kirk, The Surgeon General, announced recently.

"The highest incidence rate for cancer reported between the years of 1941 to 1945 was 0.34 per thousand per year or about three men out of every 10,000," General Kirk revealed. "However, the Army medical scientists will continue study and treatment of the disease in our established Deep X-ray centers both for the Army's welfare and that of civilians."

General Kirk noted that at Walter Reed General Hospital, Washington, D.C., the number of patients treated daily had dropped from 100 to between 40 and 50. This is accounted for by the drop in numbers of military personnel. A year ago hundreds of patients with cancer were being sent to Walter Reed for deep radiation therapy. Routine examinations at separation centers uncovered the malady hitherto unknown to the patient.

The other centers at Beaumont General Hospital, El Paso, Texas, Army & Navy Hospital, Hot Springs, Arkansas, and Letterman General Hospital, San Francisco, California, also have X-ray machines capable of deep radiation therapy. Army hospitals do not specialize in treatment of cancer alone. Thus patients afflicted with cancer can be sent to these centers and receive treatment from specialists in this type of therapy.

Due to compulsory physical examinations and availability of free medical care, soldiers with tumors or cancers are more readily discovered than civilians similarly affected. This gives the Army a greater opportunity to treat and study cancer than is available in most civilian clinics.

Walter Reed General Hospital, has one of a few million volt roentgen therapy machines in the world. The million volt machine is set up in a concrete room with walls three feet thick. The door to the chamber is of lead one inch thick and the window through which the doctors may direct and observe proceedings when the voltage is turned on is composed of two panes of special glass with a volume of special fluid between.

Length and strength of the rays are measured by sensitive gauges which are constantly checked and regulated by the hospital physicist. The mobility and easy manipulation of the machine, which when not in use is pulled up into a dome of the ceiling, makes it possible to focus its rays at the exact angle desired while the patient lies comfortably on a table. Ordinary electric lights in the nose of the machine help determine the area of direct focus over the tumor before the million volt roentgen ray is used.

ARMY NOW HAS FOUR DEEP X-RAY CENTERS etcl (Continued)

When electrons are stopped by atomic units in the cells, energy is set free. This freed energy disrupts various biological activities including the atomic activity and results in destructions of cells and tissue. Supervoltage (1000 KV) has sertain physical advantages over the high voltage (200 KV), the first due to the greater speed with which the secondary electrons travel when the superhigh voltage roentgen ray passes through tissue.

Secondary radiation resulting from super voltage travels with so great a speed that less is absorbed in the superficial skin layers. Consequently there is less skin damage and a larger amount of primary radiation can be delivered through each skin portal.

Slow moving electrons effected by less voltage are more readily absorbed by that tissue adjacent to the point of contact. The result is that when the cancer is treated with the high rather than the super voltage rays the normal tissue surrounding it may become damaged by the secondary rediation and presents an added complication.

The second advantage of the supervoltage is that a greater-percentage of the primary beam reaches the depth of the tumor because the secondary radiations are driven with such tremendous force that they are added to and become a part of the bundle of the primary beam energy. A narrower beam of supervoltage ray gives, therefore, more radiation to the tumor without a haphazard scattering of secondary radiation to adjacent tissue.

The clinical value of the supervoltage roentgen therapy as used in the Walter Reed Hospital was proved in the fact that not only was it more effective in treatment of cases too advanced to be improved by 200 KV radiation, but also more effective in treatment of tumors ordinarily treated with 200 KV radiation.

The clinical picture at Walter Reed and other Army hospitals tackling cancer treatment, has the unusual feature of the age range of its patients. Cancer is uncommon in the age group twenty to thirty-four years, Because of the relatively young average age of the military patients sifted from several million men and women of the Army services, the distribution of tumor types is unbalanced compared to that in civilian cancer clinics.

At present a large number of specimens of cancer are under study at the Army Institute of Pathology and other research is being carried on throughout the Army to further safeguard the health of personnel in the healthiest Army the world has known.

## ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL HENRY C. DOOLING, MC, of Clayton, N.J., formerly with The Governor, Canal Zone, assigned Chief Medical Consultants Division.

COLONEL LEON L. GARDNER, MC, of Washington, D.C., formerly of Army Medical Library, Washington, D.C., assigned to Physical Standards Division, Disposition & Retirement Branch.

COLONEL EDMUND HORGAN, MC, of Delaplane, Va., formerly of 97th General Hospital, Unites States Forces, European Theater, assigned to Office of

Personnel, Overhead.

LIEUTENANT COLONEL EDWARD J. KALLUS, MC, of Caldwell, Texas, formerly of Halloran General Hospital, St. George, Staten Island, N.Y., assigned to Physical Standards Division, Disposition & Retirement Branch.

CAPTAIN FRANKLIN G. HOFFMAN, MC, of Washington, D.C., formerly of inactive status, assigned to Physical Standards Division, Induction &

Appointment Branch.

CAPTAIN JOHN J. KEYS, CAC, of Dupo, Ill., formerly of Pacific Theater, assigned to Army Medical Research & Development Board, Development Branch.

## DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL ARDEN FREER, MC, of Washington, D.C., formerly Chief of Medical Consultants Division, assigned to Separation Center, Fort Dix, N.J.

COLONEL EDMUND HORGAN, MC, of Delaplane, Va., formerly of Office of

Personnel, Overhead, assigned to Separation Center, Fort Dix, N.J.

COLONEL JOHN T. B. STRODE, MC, of Arlington, Va., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Office of The Secretary of War, Washington, D. C.

MAJOR FRED S. ETHERTON, MC, of Memphis, Tenn., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to The Office of The Adjutant General, Washington, D.C., with station at Army Medical Center, Washington, D.C., for duty with the Secretary of War Retirement Board.

MAJOR R. L. PARKER, PC, of Kansas City, Mo., formerly Chief of Overseas Branch, Distribution Division, Office of Supply, assigned to St. Louis

Medical Depot.

CAPTAIN CLARENCE T. OLSON, PC, of Seattle, Washington, formerly of Office of Supply, Storage & Maintenance Division, assigned to United States Army Forces, Middle Pacific, Fort Shafter, T. H.

1ST LIEUTENANT ROBERT A. SHOOP, MAE, of Toccoa, Ga., formerly Chief of Convalescent Services Branch, Hospital Division, Office of Plans & Operations,

assigned to Separation Center, Fort Dix, New Jersey.

1ST LIEUTENANT GRAVES H. WILSON, MAC, of Washington, D.C., formerly of Historical Division, Historical Research & Manuscripts Branch, assigned to Separation Center, Fort Dix, New Jersey.

## REASSIGNMENTS. OFFICE OF THE SURGEON GENERAL

COLONEL WILLIAM D. GRAHAM, MC, of Laguna Beach, California, Chief of Administration Branch, Hospital Division, Office of Plans & Operations, SGO, designated as Deputy Chief of Hospital Division, Office of Plans & Operations, SGO.

LIEUTENANT COLONEL JOHN W. KEMBLE, MC, of Erie, Pennsylvania, Assistant Chief of Administration Branch, Hospital Division, Office of Plans & Operations, SGO, designated as Chief of Administration Branch, Hospital Division, Office of Plans & Operations, SGO.